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Of Objective Claims and Located Accounts: An Ideological Plea to Rethink Knowledge in Assisted Reproductive Technologies from a Feminist Standpoint

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Abstract: *Attempts to critically grapple with the practice of Assisted Reproductive Technologies cannot solely focus on the objective medical claims of the practitioners. Holistic and inclusive perspective on the operations of this domain should also engage and reflect on the located accounts of the intending mothers, who are mostly at the receiving end in this domain. Their located accounts can help us rethink the dominant conceptions, both clinical and cultural, of Assisted Reproductive Technologies (henceforth ARTs) as a medico-technological enterprise from a feminist standpoint.*

Keywords: Intending mothers, infertility, infertility experience, motherhood, maternal body, heterosexual norms, stabilization, subversion, constitutive (un)anticipatibility.

Cognitive blindness and the consequent problematization: Tracing the intending mothers' location in ARTs practice

The present paper emanates from a deep sense of discomfort with the existing academic and activist literature on ARTs practice in India, where the location of the intending mothers is inadequately theorized (Qadeer 2010; Pande 2010; Marwah et. al. 2011; Nidampally et. al. 2011). The intending mothers' assisted reproductive labour is treated less seriously, as if the legal complexities, human rights violations and medico-ethical issues are not as vital in their case as with the gestational surrogates. Within feminist quarters there is a tendency to equate ARTs practice to the surrogacy arrangements, which is a gross simplification of the multi-layered dynamics of this enterprise. The implicit binary between the socially sanctioned reproductive labour of healthy potential mothers and the stigmatized assisted reproductive labour of gestational surrogates in feminist literature tends to obscure the assisted reproductive labour performed by

the intending mothers. Such labour occupies a liminal space between the sacred unmediated reproductive function of healthy potential mothers on the one hand and the stigmatized assisted reproductive labour of gestational surrogates on the other. This liminal space, which is neither wholly sacred nor fully stigmatized, poses unique psychosomatic challenges for and imposes societal pressure on the intending mothers in their pursuit of personal fulfilment, and biological and social completion, which is often overlooked in the feminist readings of ARTs practice.

Given this premise of cognitive blindness, the problematization which the present paper posits is two pronged: firstly, it seeks to focus on the intending mothers' experience of infertility and negotiation with technologically assisted conception, and secondly, drawing from the first, it attempts to rethink the objective knowledge claims of ARTs practice through an ideological reading of the located accounts of the intending mothers, of their subjective experience of encounter with infertility and ARTs practice, which are generally seen as marginal to what counts as valid knowledge in the latter domain.

The engagement with the problematization at hand involvescritical reading of what is methodologically designated as in-depth ethnographic interviews. The interviews with the intending mothers constitute the narratives which are read over here in order to foreground the ideological plea for rethinking knowledge in ARTs practice from a feminist standpoint. However, it is important to mention at the outset as a cautionary note that the intending mothers in this paper are not 'intending mothers' in the literal sense of the term. When the interviews were conducted, they had already achieved motherhood through assisted reproduction. It is the recollection of their experience as intending mothers which constitute the narratives for engaged reading.

Received knowledge and the ground reality: Locating the intending mothers in ARTs practice beyond the trope of objectification

The present concern is not completely novel. Sarah Franklin raised this issue long back in 1997. However, the treatment attempted over here wishes to be both conceptually and methodologically different. In her book *Embodied Progress*, Franklin(1997) suggests that in 'the world of assisted conception' the linear link between having sex, transmitting genes, and giving birth, taken for granted in natural conception, is 'bypassed' through technological assistance. Starting from the detection of infertility to the

birth of the baby, every possible step in 'the world of assisted conception' is conceptualized in terms of 'clinical parameters'(Franklin 1997:145). What qualifies as 'meaningful information' in this domain have nothing to do with women's negotiation with infertility and infertility treatment but only with the standardized norms and protocols of the treatment regimes of ARTs practice and the infertility experts supervising the treatment (ibid.). This discounting of women's experience, the meanings they attribute to their condition, the challenges they encounter and the strategies they deploy to cope up with these challenges, is the key concern of Franklin's critical ethnography of ARTs with special reference to In-Vitro Fertilization (henceforth IVF).

It is true that the 'clinical parameters'(ibid.) undermine intending mothers' experiences but the current scenario of ARTs practice cannot be solely judged in terms of the above theme. Much of the continuing relevance of ARTs practice in our society can be attributed to the unfailing effort made by the enterprise to address intending mothers' experience of biopsychic incompleteness and social stigmatizationderiving from their inability to conceive. The legitimacy of this enterprise is derived from the promise it offers to the infertile couples in general and the intending mothers in particular to recuperate them from the state of biological and social abjection induced by infertility. To say that the intending mothers' experience of infertility and negotiation with infertility treatment is completely undermined in ARTs practice would be an overstatement. This is however not to suggest that there is some altruistic zeal at work in ARTs practice, the urgency to carve out a market for these expensive technologies necessitates the prioritisation of intending mothers' experience of being psychologically ruined and socially stigmatized. The argument is not that there is no material evidence of psychosomatic pain and societal pressure induced by infertility, the categorical foregrounding of intending mothers' experience of incompleteness and stigma is essentially a marketing strategy-a capitalizing move. It is ARTs practice's production of a skewed feminism-a feminism which foregrounds that women's emancipation from infertility-induced abjection can occur only through technologically assisted conception, and in doing so, ARTs practice claims legitimacy for its self-assigned responsibility. Thus, there is a clear production of the intending mothers as objects of technologically assisted conception, of the reproductive market, which endeavours to emancipate infertile women from 'the state of victimhood', makes them more acceptable not only to themselves but also to the society at large. The objectification of intending mothers is more than evident in this scenario and hardly calls for further emphasis. But

what is absent in the existing literature is the recognition that parallel to the process of objectification in this context, there is also a process of subjectivation. The intending mothers are not mere objects or targets of ARTs, they are also the subjects or producers of knowledge by virtue ofdirectly experiencing the treatment regimen of ARTs practice and therefore capable of narrating their experience in their own terms. Keeping this formulation in mind, the present paper attempts to rethink the objective knowledge claims of ARTs practice through an ideological reading of the located accounts of intending mothers' subjective experience of encounter with infertility and ARTs practice.

But reading intending mothers' located accounts is easier said than done! Any attempt to read intending mothers' located accounts will have to engage with the crucial category of feminist standpoint and the critical re-workings of the category which looks beyond the essentializing move of conceptualizing women's body as the sole, privileged locus of sex specific experience and knowledge. Anirban Das's *Towards a Politics of the (Im)possible* (2010)can be seen as one such critical re-working of versions of feminist standpoint which tends think of the 'located woman' as 'the woman in her body.' (58)In this book, Das suggests that positing of the body located in 'three-dimensional space' in certain versions of feminist standpoint is 'strategic', but nevertheless 'flawed' for the 'naturalized linking of the female to the body.' (ibid.) The moot point of Das's conceptualization of body is that it is the figure of the 'unanticipatable' which cannot be pinned down to 'palpable presence' in 'three-dimensional anatomic space'(ibid.). Grappling with Das's notion of body can be seen as prelude to a critical engagement with the question of reading intending mother's located accounts. Since the notion of body in Das's conceptualization is metaphorical-material rather than purely material, it opens up the possibility of thinking the body beyond the objective medical claims of reproductive medicine and ARTs practice, which conceptualizes body as *always already* sexually marked in anatomic and hormonal terms, to think of body in terms of performance of heterosexual norms and the (un)anticipatable stabilizing and subversive possibilities built into such performance. Here the performative body becomes the location from which subversive possibilities of undoing the generalities which constitute the heterosexual norms, which in turn informs the objective medical claims of reproductive medicine and ARTs practice among other institutions, may be thought of while remaining aware that the possibilities of undoing the generalities may in fact stabilize these heterosexual norms. Thus, the argument is, to think of body beyond the fixity induced by the objective medical claims, is to grapple with a

whole lot of (un)anticipatable moments, some subversive and some stabilizing. Yet this challenge is worth taking because it opens up the sanctity of the objective medical claims of reproductive medicine and ARTs practice to a new arena of possibilities - the possibilities embedded in reading intending mothers' located accounts as performative narratives for rethinking knowledge within ARTs practice and the generalities which constitute its knowledge base such as infertility experience, motherhood and the maternal body.

With this clarification the following section discusses the complex theoretical and methodological issues involved in producing a located reading of located accounts.

Of Located accounts and alocated reading:Theoretical-methodological noteson 'achieving the feminist standpoint'

Sandra Harding (1987), one of the early proponents of feminist standpoint, questions the biases that creep into the so called objective accounts of reality of western androcentric sciences. (19) In opposition to the latter, Harding proposes that women can also be producers of knowledge based on the gendered character of their experience. (26) Rather than being deceived by the false claims of the 'invisible, anonymous and disembodied voice' of western androcentric sciences, Harding's feminist standpoint posits the knower as 'a real, historical individual with concrete, specific desires and interests'. (32)

This recognition contains within it the possibility of rethinking knowledge from a feminist standpoint in two senses: *first* of all, it creates the possibility of thinking of knowledge production beyond the limits of western androcentric sciences, which only privileges men's voices as the quintessential disembodied voice, and eulogises it as the most valid form of knowledge viz-a-viz women's voices, which are disqualified for their bodily location, and *secondly*, in positing that knowledge can be produced from women's location, based on their gendered experience, and that women have distinct interests and needs, based on their oppressed location in society, Harding paves the path for linking knowledge production to politics, to the organized pursuit of interests, beyond the disinterested and apolitical pretensions of western androcentric sciences. Yet such positing of women's knowledge, based on the gendered character of their experience, is not to be seen as positing of the subjective against the objective accounts of reality of western androcentric sciences. On the contrary, the shared experiences

of women are seen by Harding (1987)as having an intersubjective character, which she views as a stronger form of objectivity.

In a similar vein, Donna Haraway (1988/1999) suggests that the notion of 'disembodied objectivity' is 'an illusion, a god-trick'(177), and alternatively posits that all vision is embodied. The valorisation of the knower as 'the real, historical individual with concrete, specific desires and interests' (Harding 1987: 32)in Harding and the emphasis on the 'embodiment of all vision' (Haraway 1988/1999: 177) in Haraway feeds into the idea of historical specificity and contingency of all perspectives or visions. But the fact that all perspectives or visions are historically located and rooted in immediate material interests and concerns does not imply that they are not objective. Similar to Harding's idea of strong objectivity of the shared intersubjective experiences of women, Haraway suggests that the location of the oppressed has greater potential to generate more 'real' and objective accounts of the world(178). For both of them the location of the oppressed in neither 'innocent' nor organically given, rather the location is achieved, which Haraway suggests pertains to the matter of learning how to see from the location of the oppressed through the mediation of 'instruments of vision'(180), but she cautions that such learning is not easy. The achieving of the location of the oppressed involves a critical epistemological positioning, which interrogates what counts as objective knowledge, and its disqualification of knowledge emanating from the marked bodies or locations of women, of men and women of colour, and the colonized. But the deployment of body as synonymous with location should not be read as the positing of body as the fixed locus of embodiment of knowledge. On the contrary, Haraway sees body as a 'reified category' which acts as a nodal point in the material-semiotic circuits of meaning(181) and as a shifting and partial location for making more responsible knowledge claims about lives of the oppressed.

Achieving the location of the oppressed or learning to see from below is indeed a troubled question. While the mobility of the location of the ethnographer and the criticality such mobility embodies is crucial, the specificity of the dissimilar locations of the ethnographer and the informants may frustrate not only the mobile positioning that the ethnographers seeks to achieve, but also the criticality inherent in such a gesture. Does this imply that all attempts to read the intending mothers' located accounts are *always already* frustrated by the dissimilarity of the location of the ethnographer and the informants? Though Haraway suggests how to see from the location of the oppressed or from the below, and how such seeing

can be impaired or blurred, her attempts to de-essentialize location does not end up in a nuanced understanding of what purpose these de-essentialized locations may serve, especially with regard to the question of communication between the ethnographer and the informants having dissimilar locations. Even nuanced anthropologies of biomedicine like that of Arthur Kleinman (1995) fails to address the troubled theoretical issue of location, but definitely takes us ahead in thinking methodologically of the steps involved in the engagement between the ethnographer and the informants.

In *Writing at the Margins* (1995), Kleinman suggests that in order to be able to read the multiple subjective illness narratives emanating from the distinct personal-socio-historical coordinates of the informants' location, in opposition to the standardized objective indicators of disease developed by western biomedicine, the ethnographer must be capable of engaging the local milieu of the informants. Kleinman (1995)further suggests that the ethnographers should be interested in the meanings the informants impute to their own experiences and how these meanings are connected to the broader socio-political context of the experience (75).Any attempt to grasp the experience of suffering should thus involve ethnographic engagement with the local milieu of the informants within which certain illnesses experience unfolds (76). Informants' positioned narratives of illness and the ethnographer's positioned interpretation of the informants' narratives would constitute ethnographic engagement, where validity of the informants' positioned narratives would be derived from its connection with the local milieu within which such experience is lived and the validity of the ethnographer's interpretation of the informants' narratives would be derived from the ethnographer's use of categories embedded in the local milieu of the informants to make sense of their narratives. Such accounts would be products of dyadic engagement of the ethnographer and the local milieu of the informants rather than being based on the ethnographer's dispassionate use of scientific method to collect data, and treatment and representation of objective facts 'out there' (ibid.).

In Kleinman's framework, ethnographic engagement with the other, in the latter's local milieu, is the basis of negotiating the dissimilar locations of the self and the other, in order to grasp the contextual experience of suffering and the meanings embedded in it. The argument that ethnographic engagement is necessary for negotiating the dissimilar locations is well taken, but is it sufficient to use categories emanating from the local milieu of the informants to be able to produce valid readings of the latter's world? Is it not a mere suggestion at the level of mode of interpretation without

any larger theoretical claim regarding location, communication and ethical responsibility to the other in the ethnographic engagement? Das's ideas on the matter at hand seem to be useful theoretical resource in endeavouring not only to grasp the itinerary of de-essentializing the notion of location and how de-essentialized locations may be able to communicate with each other but also the possibility of developing a critique of the ideological foreclosures which induce fixity only the locations of both the ethnographer and the informants. Let us see how this is possible.

In *Towards a Politics of the (Im)possible* (2010), Das argues that although there is no authentic location from which one can resort to a critique of ideological foreclosures, as all imaginable locations are produced in and through acts of foreclosure, yet that does not preclude the possibility of critique of ideological foreclosures which induce fixity on locations, identities and subjectivities. But how is such an argument useful to address the troubled question that is being asked over here. How is it possible for the ethnographer to grasp lives of people and critically engage with the informants with whom she does not share the same experiential world? Das's invaluable theoretical meditations on location, communication and ethical responsibility to the other is crucial in working out methodologically the itineraries of achieving the location of the other and facilitating a communication with the other. Das suggests that in certain versions of feminist standpoint, women's embodied knowledge claims are seen as emanating from their bodily locus of experience and as having the potential to undermine the disembodied knowledge claims of western androcentric sciences. The body in such versions of feminist standpoint is seen as the privileged location from which the critique of ideology would emanate, which appears to Das as an essentializing move as it takes for granted the female body located in 'three dimensional anatomic space' as the essential locus of knowledge. Instead of thinking body in terms of 'palpable location' in space, Das in more inclined to think of body as the reification of ideality into materiality, yet something which exceeds mere material presence. He thinks of the body beyond the limits of the possible as the very constitution of the body in and through power and ideology renders body the figure of the (un)anticipatable (1997: 17). To embody knowledge, for Das, is to be responsible to the (un)anticipatable, and to develop a counter-ideological position 'one' will have to 'work through' the 'undecidabilities' born out of the constitutive (un)anticipatability of the body (1997: 28) and decide provisionally in which way to orient oneself in countering ideology (36).

The invocation of history (time) and geography (space) in certain versions of feminist standpoint, for Das (2010), ends up reducing location to undeniable presence within specific temporal and spatial coordinates, which overlooks the discursive character of location and the experience emanating from that location. This is not to say that Das is comfortable with the idea that both location and experience are completely mediated by discourse. Das wants to avoid linguistic determinism as much as he discredits historical or geographical determinism inherent in certain versions of feminist standpoint (149). For Das, determinism of any kind tends to build 'systematic structures' and leaves 'untheorized' the (un)anticipatable elements in the construction of location and experience(ibid.). His strategy is to foreground the theme of 'radical undecidability' which he suggests 'haunts' 'the calculable world of experience' presumed to connected to particular locations. (150)Now, what lesson is learnt from Das's theorization of location and experience in terms of 'radical undecidability' and what purpose does it serve here?

Das's (2010) suggestion that going beyond the understanding of experience in terms of essential location in time and space opens up the field of experience of each location to communication with other contingent locations(ibid.), which also provides the basis for ethical responsibility with the other, appears to be a significant theoretical-methodological resource in this context. The self and the other, the ethnographer and the informants or collaborators in the field may be separated by dissimilar locations but the openness of the field of experience of both renders possible a communication, where the self responds to the call of the *other as other*, rather than devouring the other in the course of communication. This constitutes the counter-ideological move of deciding across the 'undecidable' elements which constitute experience to implicate oneself provisionally to the *otherness of the other*, without reducing the other to a fixed location and definite set of essences.

Following such a conceptualization, it can be argued that the located accounts of intending mothers which are presented over here are not authentic, coherent accounts of experience; rather they are the products of the communication and the ethical encounter of the contingent locations of the ethnographer and the informants, the intending mothers in this case. The power differentials and the ideological closures such communication and ethical encounter brings into play notwithstanding, the attempt here is to read these located accounts as narratives to focus on whether they throw some new light on the imperatives and mechanisms of ARTs

enterprise as an objective medical domain, without, *firstly*, reducing these located accounts to women's bodily essences, and *secondly*, assuming that these accounts present a radical alternative to dominant heterosexist accounts of the domain.

The two narratives presented below emanate from the in-depth ethnographic interviews conducted with the couples. The presentation has a definite pattern. Original excerpts from the transcribed interviews have been presented only after brief introduction to the narratives. The entire body of the original interviews have not been presented; the omissions are solely based on the ethnographer's critical decision. The original excerpts are followed by a close reading of the specificities of each narrative. Discussion of the generalities which cut across the narratives has been presented towards the end of the section.

Some words of caution before proceeding to the narratives. *Firstly*, each narrative is to be seen as a conjoint production of the ethnographer and her informants in the field, the infertile couples in general and the intending mothers in particular, which precludes the possibility of thinking these narratives as transcendental truths pertaining to the authentic experiences of the women only. Unlike the objective social scientist, the ethnographer contributes as much as the infertile couples in general and the intending mothers in particular to produce the very texture of the narratives. *Secondly*, the narratives presented over here should not be seen as representing authentic experiences of atomized women subjects because their experiences are *always already* mediated by heterosexist ideology (though the paper searches with eagerness the moments of departure from the heterosexist ideology). Women not only speak about their experiences in the physical presenceof men, they also cannot speak about their experiences without referring to men who hold dominant position in their lives both as facilitators and as hindrances. *Thirdly*, the location from which the ethnographer attempts to read these narratives is not outside the workings of power and ideology, but this does not preclude the possibility of an ideological reading of the located accounts of intending mothers' subjective experience of encounter with infertility and ARTs practice. Following Das (2010), the possibility of communication across dissimilar locations and the ethical relationship such communication embodies is explored in this context.The ethnographer's limitation in grasping the nuances of the others' experiences is also attended to over here. And *lastly*, the aim of reading these narratives is not to mechanically arrange the concepts emanating from these texts into a neat linear picture, but to engage in a critical-romantic

bond with the lives of the informants in the field, the infertile couples and most importantly the intending mothers.

From the ethnographic field:Towards (un)anticipatable narratives of (de)stabilization

***Narrative I*:** Nirupama and Ratan (names changed) are residents of Garden Reach in Kolkata. Nirupama is a nurse in a government hospital and Ratan is a contractor with a construction company. Both of them had to shoulder the responsibility of their respective families for which they had a 'late marriage'. They were married since 2005, and after trying for three months to conceive naturally, without success, they decided to seek medical assistance. They were aware of the risks of infertility associated with 'late marriage', an awareness they both attribute to Nirupama's occupational affiliation with the world of doctors and began tackling the 'problem' medically from the very beginning.

First, they went to a local gynaecologist. Then a family friend informed them about the student of a renowned senior infertility expert in the city. They began their treatment under him and continued for some time without success. Then they shifted to another nursing home in south Kolkata where a medical complication was diagnosed in Nirupama's ovaries. She was administered injections everyday and had to undergo *transvaginal ultrasound* every week but nothing worthwhile happened during a long span of two and half years of treatment in the south Kolkata nursing home. Frustrated with the outcome, they went to another doctor who suggested them to try to conceive naturally. But they could not. Driven to desperation, the couple decided to contact an infertility clinic to opt for IVF.

In the infertility clinic both Nirupama and Ratan had to undergo thorough medical examination after which the doctors diagnosed that Nirupama was suffering from *anovulation* (inability to produce eggs) and recommended that donor egg is required for the IVF procedure. Nirupama and Ratan could not arrange for an egg donor and eventually they opted for another infertility clinic. But even in the new infertility clinic, the same problem of arranging for an egg donor persisted. Moreover, they were upset with the overtly 'professional' attitude of the clinic and their complete disregard for the mental condition of their clients. Despite having consulted the best doctors in the most renowned clinics in Kolkata, they were completely 'fed up' with their condition. When they had just started considering adoption as an option, Nirupama's sister advised them to consultant a local gynaecologist,

who referred them to another gynaecologist, who in turn referred them to an infertility expert. The infertility expert assured them that he will arrange for the donor egg. In the meanwhile, Nirupama was asked to undergo thorough medical examination. The infertility expert suspected that Nirupama was suffering from ovarian cancer but that possibility was ruled out with the *biopsy* report proving the doctor wrong. The infertility expert immediately proceeded with the IVF. Ratan donated his sperms on 21st March 2012. Two fertilized embryos were transferred to Nirupama's uterus on 31st March. One of them developed successfully. Nirupama and Ratan are now happy parents of a new born.

Here are some excerpts from the in-depth ethnographic interview conducted with the couple, at their residence:

> *12 Noon, Sunday, April 7th, 2013,*
>
> *Badhabattala, Garden Reach:*
>
> *... Nirupama responds to my questions in Ratan's presence:*
>
> ... What was your feeling when you could not conceive?
>
> I felt lonely! I felt extremely lonely after coming back from the hospital! He (refers to her husband, Ratan) went to the company (refers to Ratan's place of work), met his friends, but there was a void in my life! My life had come to a standstill; I only wished I had my own child! In married life, the child is most important thing! Those who are unmarried, for them life is different! But married life is incomplete without a child! He regularly took me for shopping or an outing, just to divert my mind. But neither shopping nor an outing could calm my disturbed mind! I felt very lonely; I only wanted a baby of my own....
>
> Did you blame yourself for not being able to conceive?
>
> ... No! Why should I blame myself when all my reports were alright? (Asks me) It (refers to conception) was not happening! And I don't know why? Sometimes I thought what if some magic happens and I conceive all of a sudden. (Smiles) But nothing of that sort happened. (Smile gradually fades)
>
> Did you develop a sense of lack during this time?
>
> Yes, sometimes! But, see, doctors were treating us for that! They should have rather told me whether I lacked something or not! (Note that Nirupama does not consider *anovulation* as a biological

problem, which is medically considered to be a pathological condition)

... We could have conceived normally much before! The doctors misled us! In the south Kolkata nursing, they treated us for nearly two and a half years without any net result! I have the capacity to carry a baby; the problem was with the treatment protocol! I have carried my baby till the end of the pregnancy! I became mother in the very first *embryo transfer* (transfer of fertilized embryo into the uterus)! Had the doctors taken our case seriously we could have conceived much before without IVF. (Utters these words with a sense of frustration)

When and why did you start seeking medical help?

...We started trying from the very first month of our marriage. When we realized that it was not happening normally, we went to the doctor! But they harassed us mentally, physically and emotionally! From 2005 to 2010 practically none of the doctors took us seriously! If they had done so, then, by now we could have conceived normally without any difficulty...

... We desperately wanted a doctor who will guide us seriously! Then we found somebody like sir.... (By the expression 'sir' Nirupama refers to the IVF expert who helped her have her own baby through IVF)

I have come to know that at one point of time both of you even started considering adoption. Which one did you prioritize, conceiving through IVF or adoption?

No, no, I just wanted to conceive through IVF if it was not possible normally! The satisfaction is far greater in IVF! I felt everything, starting from the conception to the birth! I experienced it personally! (Here Nirupama completely avoids answering why IVF was a better option, she even refrains from uttering the word 'adoption' even once)

Ratan suddenly intervenes to respond to the question:

Actually, we became desperate. We took it as a challenge that we have to achieve it anyhow. See, we can adopt whenever we like, but carrying one's own child is a different feeling altogether.

Dialogue with Nirupama continues:

To conceive through IVF is not easy. But once you have conceived there are greater restrictions. How did you cope up with the restrictions?

We followed every instruction given by sir. The transplant (since donor egg was used for the IVF, Nirupama's interaction with assisted reproduction began with the *embryo transfer* phase) was done on 31st March. For the first three months I was on bed rest. I worked for only three months during the entire pregnancy. From November onwards, I took medical leave for another six months. I delivered my baby in last December....

I will resume work from May this year. It is true that once you have conceived it is more difficult. (Reaffirms what I have asked as part of the question) Initially I was so scared that I could not even walk! I had conceived after so many years of trying, I did not want to miscarry! I could not sleep for so many nights, I felt claustrophobic! I had a strange feeling as if I was being taken to an operation theatre! I had told about this to sir. He gave me medicines and I underwent routine examinations but nothing serious was detected. But this continued till the third and fourth month, may be because of excessive tension. (Smiles, but it gradually fades)

Did you have such problems before conceiving? Did this persist even after the delivery?

No, no, I don't know whether this happens with others or not, but whenever I went to the bathroom, I had this strange feeling that if I pour water on my head, I will die out of suffocation! I used to sit in one corner of the bathroom out of fear! These happened because of tension! Sir asked to take *Alzolam* every day. These complications disappeared after the seventh month.

What are the other problems that you faced during the pregnancy?

... I had very high pressure! I was advised to take four tablets every day! I had taken medicines for high pressure earlier, but it went beyond control during the treatment! I took lots of medicines during the entire pregnancy, every month; I took medicines worth Rs 3000-4000...!

Specificities of the narrative: This narrative introduces us to the involvement of *third party reproductive service* (provision of reproductive service by people other than parents) in IVF such as *egg donation*. However, throughout the dialogue Nirupama avoids referring to the use of donor egg in IVF, it was a secret Ratan had already divulged while discussing about the hardship they had to undergo, in Nirupama's absence. This secret was known neither to the extended family nor to the neighbourhood. Maybe it was not even known to Nirupama or maybe she knew about it but was unwilling to divulge to an outsider. But that it was no longer a pure secret was not known to her. She categorically resisted being medically labelled as having any major pathological condition. She kept on reiterating over and over again that her medical reports were alright, although she had problem in producing eggs which necessitated the use of donor eggs in IVF.

In her negotiation with this condition, she developed a strong resistance to any attempt of the medical regimen to label her as incapable of giving birth to a baby. Yet at the same time she claimed that had the doctors taken her case more seriously, she could have conceived much earlier. Thus there is a dynamics in this narrative between Nirupama's assertion that her medical reports are alright and her feeling that at least minimum guidance was required from the doctors. There is no doubt trace of the production of what can be called responsible medicalized subjects in the narrative, following Nikolas Rose (2007), which can be located in their suggestion that they chose to opt for medical help soon after their marriage. They had already predictedthat their inability to conceive within the first three months of their marriage could be related to some physiological deficiency emanating from 'late marriage'. Yet there is dynamics even in this case as well. On the one hand, they act as responsible medicalized subjects by seeking medical help, on the other, they, especially Nirupama, demands responsible behaviour in return from the doctors. Responsibilization of the subjects thus produces demanding subjects, who demand responsible behaviour from the doctors too. Therefore, with the perception that the doctors had not done what they should have ideally done, Nirupama resorts to blaming the doctors for the delay, and for rendering IVF inevitable.

Related to these dynamics is Nirupama's constant repression of the anxieties born out of the experience of undergoing IVF with donor egg. It is not only the chancy character of the whole enterprise that produces anxiety in her case, the repression of her sense of being a lesser woman, based on the internalization of social expectations from women in general, to procreate,

results in a different psychosomatic outcome. The repressed perception of distancing from the baby growing inside her womb, of nurturing a baby who is not directly biologically related to her, and the maternal environment her body is providing possibly culminates in the sustained psychosomatic experience of claustrophobia, which can be read as a direct outcome of the bifurcation of the so called wholeness of the birthing a baby into separate functions, namely, the genetic contribution and the gestational role, attributed to two separate women. ARTs introduce a schism into the maternal biological function, seen to be embedded in women's body, but this schism may create a sense of incompleteness in women who are performing either of the two functions. In Nirupama's case, the experience of claustrophobia and the scary feeling of an imminent miscarriage can be seen as related to the schism which ARTs introduces into the socially perceived wholeness of maternal experience. Yet unlike other women who cannot even gestate a baby, IVF helped Nirupama to at least achieve the bodily markers of pregnancy, which has immense symbolic significance in pro-natal societies such as ours. It is particularly from this experience of gestating the baby that Nirupama derives the courage to say that she has proven her 'capacity' by carrying the pregnancy to term. Still such a narrative of wholeness is punctured by reference to claustrophobia and the fear of imminent miscarriage owing to the perceived inability to live up to the ideology of biological motherhood.

***Narrative II*:** Suritha and Kalyan (names changed) are residents of Howrah. Kalyan is an engineer with the panchayat department and Suritha is a home maker. They are married since 2004. They did not think of having a child for the first one and half years of their conjugal life. Once they started thinking of 'completing their family', after repeated efforts, they realized that there was 'some problem'.

In 2007 they started seeking medical help from a local gynaecologist. Having informed by someone in their neighbourhood that cases of infertility are tackled best by the infertility experts, they resorted to one of the leading corporate infertility clinics in Kolkata. Soon they noticed lack of transparency in the practices of the clinic. Their medical reports were never handed over to them after the consultation with the infertility expert, as a result of which they never got the chance to see their medical reports. Suritha underwent four failed Intra-Uterine Insemination (henceforth IUI) cycles in this particular clinic for which different reasons were cited each time by the concerned infertility. Kalyan underwent *semen analysis*for eight times for the four IUI cycles. Initially the doctors told Kalyan that his

sperm quality is so superior that '1000s of IUIs and 100s of IVFs' can be performed using the already donated semen sample. After the four failed IUI cycles they realized that something was wrong with the treatment protocol and decided to change the clinic.

In the new clinic both Suritha and Kalyan were subjected to hormonal treatment for reasons unknown, and without any outcome. They soon shifted to another clinic where the doctor advised Suritha to undergo *investigative hysteroscopy* (procedure to see inside the uterus and detect problems) and Kalyan was asked to produce the result of semen analysis from a fresh sample. Analysing the reports of both Suritha and Kalyan, the doctor came to the conclusion that it was a case of *unexplained infertility* (infertility without any specific cause or reason). They prepared for the first IVF under this infertility expert's supervision (during which three embryos were transplanted, none of which grew successfully) but the cycle failed owing to some viral infection. The eggs collected from Suritha's ovaries during the first *ovum retrieval* (retrieval of eggs for IVF), which were preserved in a frozen state, were used for the second *embryo transfer*. This time two embryos were implanted which culminated in the birth of Suritha and Kalyan's baby on 18th March 2013.

Here are a few excerpts from the in-depth ethnographic interview conducted with the couple at their Howrah residence:

11:00 a.m., Saturday, April 13th, 2013,

Ichhapur, Howrah:

Kalyan initiates the dialogue in Suritha's absence and I begin asking questions to him:

> ... What was the response of your family, relatives and friends to your condition? I mean, how did they react?
>
> See, everybody understood that we have some problem! We were married since 2004 but we did not have a child! Everybody in our extended family was curious about our conjugal life! They frequently asked why we were not trying, why we were not completing the family! ... I felt irritated! I even thought of replying back to them rudely, but.... (Stops, the sentence remains incomplete) This happened even within my friend circle. New colleagues in my office were curious whether I was married and had a child. I hope you understand... (Pauses for a while) It is so common to

ask colleagues about their marital status, about the number of children a person they have.

... It is really embarrassing! But the embarrassment increases when even the colleagues start asking personal questions like, why are we not trying to have a child or is it not happening!

How did you react to these speculations about your conjugal life?

... I felt bad, but I realized what I was going through is only a quarter of what she (refers to his wife, Suritha) was going through. She had to face rejection from both her and my relatives and acquaintances....

Suritha joins us after attending her 21 days old new born:

What was your experience?

Actually, we are three sisters-in-law in my father-in-law's family. My *boro ja* (refers to Kalyan's eldest brother's wife) already had a daughter, but me and *mejdi* (refers to Kalyan's middle brother's wife) did not have an issue. (Read child) We both had the same problem but we never discussed the matter with each other. Now she has a baby. I don't know whether that happened through IVF. But as long as we both were childless, we were treated in the same manner. Relatives conveyed *bhalo khobor* (good news) to my *boro ja*, but we were never informed. Even when we were present, we were categorically ignored. I was not even invited to attend sacred ceremonies in the family. I had deliberately stopped attending all such social gatherings. I was completely devastated....

But I thought all these things happened in the past?

No, this happens even today! I am the only child in my mother's family. My mother has two sisters and both of them are childless. My *mejo mashi* (refers to her mother's middle sister) brought me up. Both mine and his (refers to her husband) relatives said that I have a *bhagya* (fate) like my *mejo mashi*. Some relatives even told me, *tor mayer poribarei kono osubidhe ache*! (The problem is there in your mother's family only)

How did you cope with this situation?

Kalyan intervenes, but briefly:

She completely immersed herself in *pujo-accha*! (Worship and penance)

Suritha ignores Kalyan's intervention, resumes replying:

From 2007 onwards, I joined a Montessori teacher training course but dropped out of it half way!

Why?

Actually, all trainees in that course were young married women like me! Most of them had children! They talked about their children and about how they were managing their children and the course! I felt completely out of place in such discussions, I increasingly felt the emptiness in my life...!

What did you do next?

In 2009 I joined a boutique! I decided not to divulge the actual year of my marriage to them, but by then the feeling of emptiness had grown into my mind! My life seemed meaningless without a child! I thought that I had got married at the right time but why was I alone, am I destined to remain alone forever? Friends and acquaintances who had married two or three years after me had their own children by then, but I was still incomplete. I left the boutique soon.... (Starts crying)

What did you learn in the boutique? (In a futile attempt to divert her attention)

Embroidery! I designed *sarees* (traditional Bengali/Indian apparel) for my mother-in-law and my mother. Actually 2009 was the most depressing year of my life. (Reverts back to theme of incompleteness) I could not continue anything fruitfully, I was completely devastated....

... In 2009 only, a local shopkeeper advised me to meet an infertility expert. He gave me the name and address of.... (Refers to a renowned infertility expert in Kolkata, associated with a corporate ART clinic)

And what about the *pujo-accha* (worship and penance) part your husband was referring to?

Nothing yielded the result I wanted! I went to many *thakurbari* (place of worship), did whatever penance I was advised to do but

nothing worked! I had lost all hope! But I told God, *amai jokhon meye toiri pathiyecho, tomake amai sontan ditei hobe*! (That you have sent me to this world as a woman, you have to give me a child)

You underwent four failed IUI cycles and one failed IVF cycle before successfully conceiving and giving birth to your baby. How did you cope up with these failures?

Kalyan replies:

It was very difficult. We were completely misled by.... (Refers to a popular corporate infertility clinic in the city) We were not given our reports; we did not exactly know what our problem was! After each failed cycle, the doctor came up with new stories about why it failed!

I was not very enthusiastic about the second IVF after all this. The entire thing was becoming financially difficult for me to manage. Injections, medicines, conveyance cost, along with doctor's fees added up to a huge sum of money every month. Investing on another IVF cycle appeared to me like gambling! I had to think about our future, about saving some money for our old age, but she was unwilling to give up!

Suritha adds:

Yes, I kept on insisting on undergoing the second IVF cycle! I was desperate! After every failure I just thought *tahole hoito or kothatai thik hoy jabe*! (Then maybe his words will become true)

Did you consider adoption as an alternative to the rigmarole of failed IUI and IVF cycles? (Addressed to both)

Kalyan replies:

I wanted to adopt! She was against adoption! She wanted to conceive by hook or crook!

Why? (specifically to Suritha)

See, he is my own child. (Refers to the baby she had through IVF) An adopted child is not one's own child. Adoption would not change my situation, *para-protibeshir chokhe to ami ja chilam tai roye jabe*! (My status will remain unchanged in the eyes of my neighbours)

Kalyan adds:

Actually, she was under so much pressure that she could not think of these alternatives! But I could! She thought she have to conceive, otherwise her life is not worth living...!

***Specificities of the narrative*:** This narrative introduces the common disturbing themes of social ostracism, internalization of social neglect in the form of poor self-concept, and the attribution of childlessness to the wife's lineage. The theme of infertility as personal failure and inadequacy, as hindrance to biological and social completion, and acceptance is dominant in this narrative. The narrative shows that infertility can be a painful experience for both men and women, although in varying degrees and forms, and that husbands can also realize that the social burden of infertility falls more on women, compared to men. Yet what comes across as prominent is Suritha's struggle, even in the face of social ostracism, poor self-concept, and withdrawal from a normal life, is her conviction not to be completely subdued by social pressure in the mission to recuperate her lost self-identity by achieving motherhood. This conviction is discernible in Suritha's insistence that she should opt for the 2nd IVF cycle even when Kalyan, otherwise a very supportive husband, insists on not wasting more money in this 'gamble', and rather opt for adoption. For Suritha, biological motherhood is the only means of achieving social recognition and her legitimate position within her family and neighbourhood, and thus she takes up this obstinate challenge of overcoming her biological frailty, through interventions on her own body, by trying to convince Kalyan, who is the prime investor in these costly procedures.

This conviction to achieve biological motherhood should not however be read as a tale of a potential personal achievement. In fact, Suritha succumbs to the ideology of biological motherhood, and negotiates with her husband who is ready to compromise genetic link by opting for adoption. Apart from this negotiation with Kalyan over a mundane-utilitarian issue such as investing on costly procedures of assisted reproduction, Suritha also negotiates with God and the larger societal realm. The practicing of penance, paying regular visits to *thakurbari* (place of worship) cannot be seen solely as ways of seeking solace in the spiritual realm; these rituals and practices also embody an active material demand to the God, to put in Suritha's words, *amai jokhon meye toiri pathiyecho, tomake amai sontan ditei hobe*! (That you have sent me to this world as a woman, you have to give me a child)

Her negotiation with societal speculations about her reproductive history, by reducing the number of years of her married life, should not be read as an escape from such speculation, but as an active, conscious and self-styled portrayal of normalness.

As mentioned earlier, Suritha's negotiations are connected with the desire to achieve biological and social completion, with the compliance to the imperatives of what Adrienne Rich (1986) calls 'institutionalized motherhood' but this narrative cannot be solely reduced to that. The way she challenges her husband, who is considering adoption, God, for denying her what she is otherwise entitled to, and society, for all the neglect hurled upon her by the relatives and acquaintances, necessitates rethinking the taken for granted assumptions regarding the key beneficiaries of 'institutionalized motherhood'.

***Tracking generalities across the narratives*:** In the preceding sections, the specific elements of each narrative, which demarcate one from the other, have been presented. The identification of these specific elements, which attribute singularity to each narrative, is not the ultimate objective however, in which case we would only have series of separate narratives of intending mothers' located accounts of experiencing infertility and the necessary treatment regimen meant to address the latter.

The attempt is to track the generalities which stitch together the two narratives presented here, the common themes which cut across the located accounts of intending mothers having distinct locations. Infertility experience, motherhood, and the maternal body are the three generalities or common themes which cut across the two narratives, yet in (un)anticipatable ways which (de)stabilize the generalities themselves. By this is meant that the generalities are themselves subject to several variations when we try to understand them with regard to specific cases, some of which can be accommodated within the overall rubric of the generalities, and some of which represent a departure from the basic traits of the generalities. The argument is that even generalities embody variations, and the mapping of generalities cannot be insensitive to the case specific variations which constitute these generalities. Therefore, when the categories of infertility experience, motherhood and maternal body are deployed as generalities, it is done with the motive to unravel the how each specific case complicates our conception of these generalities, how (un)anticipatable elements necessitate the recognition of the variations or the differences built into the generalities. The reading of the interaction of the generalities with one

another, and the generalities in their specific variations that is offered over here is sensitive to their inherent messiness, for which no attempt has been made to engage with each generality separately in the following paragraphs.

The narratives of Nirupama and Suritha explicitly contains the elements of 'void', 'loneliness', and 'meaninglessness' without a child as essential ingredients of infertility experience, but they do not hold themselves responsible for their condition. Nirupama attributes her infertility to medical negligence. That she is capable of reproducing, of realizing the quintessential maternal function, is the most recurrent theme in Nirupama's narrative, but this assertion is coupled with complaints that she could have conceived much earlier without technological assistance, had the doctors acted more proactively. In Suritha's case, although there is an evident interiorization of social neglect but the feeling of incompleteness, the experience of biological lack is coupled with the redefinition of motherhood as something to be achieved against all odds. Rather than blaming herself for her condition, Suritha shifts the responsibility of recuperating her from the 'abject' condition to her husband, to God, and to the society. Her case is not only that of a prolonged personal lamentation over her own biological frailty, but of actively seeking her entitlements from her husband, from God, and the society at large.

In Nirupama's narrative the medically designated pathology of *anovulation* is completely disavowed to retain the naturalness of the maternal body, yet such naturalness is haunted by the recognition of the necessity of technological assistance. Nirupama's conception of maternal body is ridden with tension because she perceives her body not to be diseased or affected by any pathological condition yet thinks that it is in need of medical assistance. In Suritha's case the narrative of achieved motherhood is inextricably interwoven with technological assistance in reproduction. The recognition of her inability to reproduce and the urgent need to undergo repeated IUI and IVF cycles is linked to the theme of technologically facilitated naturalness of the maternal body.

These two troubled narratives of achieved (an achievement that is either disavowed or naturalized) naturalness of the maternal body and the myriad (un)anticipatable directions they take is also evident in the conceptions which emanate from these narratives regarding adoption and *third party reproductive services*. In Nirupama's narrative the absence of reference to the involvement of the egg donor and the return of the disavowed in the same narrative through the psychosomatic symptom of claustrophobia and the fear of imminent miscarriage is indicative of the frustrated attempt to

retain the fullness of maternal role, genetic and gestational. Yet there is a sustained attempt to foreground the fullness of experiencing motherhood. In Suritha's narrative also, there is a clear indication that a child born through IVF is always one's own child and that an adopted child can never be one's own. The lack of involvement of the maternal body in adoption renders it a less socially legitimate way of coping with infertility. It is precisely for this reason that Nirupama says with a sense of deep pride that she had conceived successfully in the very first *embryo transfer*, an instance she possibly deploys to foreground that she is not 'incapable'. This shows that the notions of 'capability' and 'incapability' come to be redefined in the contexts of technologically facilitated conception. This should not however obscure the profoundly naturalistic assumptions of such redefinition which renders adoption an impossibility as motherhood in this case defies the logic of mediation of the maternal body.

In summary, the two narratives show that one cannot think of generalities as monolithic and coherent, one should be responsive to the variations that constitute these generalities. When universal constructions, which are conjointly produced by the clinical standards and the cultural norms, sustained and rearticulated by commercial interests, are seen from the plane of co-constitution of the universal/general/disembodied /objective claims on the one hand and the particular/singular/located accounts on the other, (un)anticipatable perspectives on the workings of ART is produced.

Conclusion:Of the inter-implication of objective claims and located/ alternative accounts

This paper engages with the inter-implication and dynamic interaction between the universal/general notion of women's body which acts as the lynchpin of ARTs practice and the alternative notions of body emanating from the location of the intending mothers. The invocation of the word alternative however does not mean that the notion of women's body emanating from the location of intending mothers necessarily represents a radical opposition to the universal/general notion of women's body in ARTs practice. The word alternative here refers to the different perspectives on the imperatives and mechanisms of ARTs enterprise as an objective medical domain which emanate from the location of intending mothers contending with infertility and infertility treatment. The mapping of the specificities of each narrative and the generalities which cut across each narrative in their specific variations, and the accounts emanating from the location of intending

mothers cannot be thought to represent an authentic outside to the workings of power and ideology, they nevertheless embody the possibility of fracturing the self-sameness of the generalities of infertility experience, motherhood and maternal body, which mutually reinforce each other in the realm of ARTs. To think in terms of Judith Butler's (1990) ideas, this subversive possibility is built into the very process of reiteration of the heterosexual norms, which necessitate sensitivity to the constitutive (un)anticipatibility built into the reiteration of the heterosexual norms, into the performance of the sexed body in society in general and in the domain of reproductive medicine and ARTs practice in particular.

In the narratives presented above, it is evident that some obvious anticipatable elements unfailingly feed into the construction of women's subjectivities in accordance with the established heterosexual norms. But these anticipatable elements should not obscure the unanticipatable possibilities created by ARTs practice, possibilities which both reinstate and exceed the limits of the possible drawn by the latter. Nirupama's narrative is an instance of the anticipatable maternal grief associated with infertility, it also embodies the (un)anticipatable element of disavowal of biological lack, and the unanticipatable return of the disavowed with psychosomatic manifestations. In a similar vein, in Suritha's narrative, her attempt to achieve technologically facilitated motherhood is anticipatable, but she does it in opposition to her husband's decision to avoid the 'gambling' involved in the costly, uncertain IUI and IVF cycles, which is an unanticipatable moment. This is unanticipatable because in patriarchal societies the institution of motherhood serves male interest, yet in the highly globalised economy in which we live ARTs practice may produce conditions in which 'institutionalized motherhood' may not necessarily serve male interest, at least not in every case.

But isn't it a too structured reading of the stabilizing and subversive possibilities, and the (un)anticipatable elements built into the performance of heterosexual norms and the sexed body? Isn't it a matter of rendering possible, through an act of theoretical and methodological bracketing, what is otherwise (im)possible? To remain sensitive to and to map the (un)anticipatable elements which structure experience is not a reductionist move. On the contrary, it is an ideological move to grasp those elements which would otherwise escape our attention owing to the foreclosure of the diverse possibilities into ideologically given anticipatable moments and conjunctures. But, since, to embody knowledge is to be implicated in the nexus of power and ideology, there is no illusory claim about producing a

reading from outside the nexus of power and ideology. It is just an attempt to locate some (un)anticipatable moments in the two narratives of experience presented above, and the ideological character of this act is embodied in its recognition of the ideological foreclosures which render motherhood a trans-historical and trans-cultural institution, infertility a 'curse'-a 'curse' that can only be overcome by technological assistance, and reproduction of the heterosexual family an ethical imperative and any departure from it morally reprehensible.

This is how intending mothers' located accounts give us the much-needed insight into the dynamics of the inter-implication of universal/general/ objective constructions in ARTs practice from the particular locations of intending mothers in their encounter with infertility and ARTs practice. This inter-implication is characterised by both anticipatable and unanticipatable moments, by conjunctures of stabilization and subversion of the sanctified universal/general constructions of ARTs practice, which cannot be reduced to a specific calculus and which calls for a nuanced working through the messiness of the narratives and the (un)anticipatable twists and turns they embody.

The ideological plea of the present paper is that any attempt to holistically grapple with the domain of ARTs practice cannot rely solely on the objective medical claims. Inclusive perspectives on the workings of this domain will have to rely on the located accounts of intending mothers, who are also major actors in this domain, but mostly as recipients of reproductive service. Such located accounts have the epistemological and political charge which can helps us rethink the dominant conceptions of the ARTs practice, and the generalities which sustain them, from a feminist standpoint.

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